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How Should Therapists Respond to Client Accounts of Out-of-Body Experience?

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During an out-of-body experience (OBE) a person experiences their center of consciousness from a spatial location that is distinctly different to their physical body. Prior research has suggested that psychologists and psychotherapists may be reluctant to discuss the content of their clients OBE accounts due to a lack of understanding about the nature of these experiences. Yet, other research has highlighted the substantial value of discussing OBEs in the therapeutic process. This paper examines the literature in order to assess the value of utilizing person-centered dialogue and guided visualisation as counselling approaches for working with clients who have had OBEs.

Keywords: *out-of-body experience (OBE), altered states of consciousness, near-death experience (NDE)*

Many counsellors and psychotherapists, whether working within a transpersonal or mainstream framework, appreciate the value of exploring experiences of transcendence with their clients. However, it is only recently that research has considered the value of working with clients who report a particular type of transcendence experience, namely, the out-of-body experience (OBE). OBEs have been studied within the discipline of parapsychology at depth (Irwin & Watt, 2007) and are among the most commonly reported types of altered states of consciousness. Ellison (1988) and Irwin (1985) estimated that approximately 10% of the general population have had an OBE at least once in their lifetime. During an OBE, a person experiences his or her consciousness shifting from the physical body to a distinctly different spatial location. Irwin and Watt provided an example of one OBE account in which the experient stated: "I was sitting in the bath when I became aware that I was in the ceiling corner of the room looking down at myself in the bath" (p. 175).

Those who experience OBEs often report a vivid sensation of leaving the physical body and either finding themselves in an environment that resembles their physical surroundings or an imaginary dream-like environment (Levitan & LaBerge, 1991). Previous research has found a correlation between dream absorption and OBE likelihood, which suggests that those who are prone to daydreaming and intense absorption in

dreams may be more likely to also have had OBEs in the past (Parra, 2009). It has also been suggested that, due to their vivid nature, OBEs can offer clients more psychological insight than dream accounts in some instances (see Levitan & LaBerge, 1991). Anecdotal evidence from experients further suggests that OBEs can be quite vivid, meaningful, and memorable. In some cases, these experiences can have a transformative impact on one's life, bearing significant psychological value and symbolism for the experient (Tobacyk & Mitchell, 1987).

Autoscopic hallucination (AH) and near death experiences (NDEs) merit a brief mention here, as research in related literature has used these terms interchangeably with the term OBE. Blanke and Mohr (2005) noted that during AH:

[A] person experiences seeing his double in extracorporeal space without leaving his own body (no disembodiment). As compared with OBEs, individuals with AH experience seeing the world from their habitual visuo-spatial perspective and experience their "self," or center of awareness, inside their physical bodies. (p. 189)

OBEs differ from AH experiences in that the experient often reports a distinct sensation of separation from the body during an OBE (Ellison, 1988). OBEs occur in a wide range of contexts (Irwin & Watt, 2007),

while NDEs tend to occur in near-death circumstances specifically. Aside from these differences, a substantial number of overlaps can be noted between NDEs and OBEs based on the reported content and the impact of the experience found in anecdotal case studies of both phenomena. It may be that OBE can be adopted as an umbrella term to encompass both AH and NDE as there is a substantial overlap in content reported among experiencers.

In considering the psychological impact of NDEs related to suicide, Greyson (1981) found that NDEs can reduce future suicidal tendencies. Greyson stated that those who attempt suicide and experience an NDE in some cases report that their concept of death becomes reconceptualized after their experience. These individuals find that their perspective about life and death alters as they experience their consciousness momentarily existing beyond the physical death of the body. Often, during their experience, these individuals come to find a new sense of inner peace and encounter “ego-death experienced during a NDE . . . to escape from painful emotions and sensations” (p. 13). Greyson suggested that this commonly reported experience of transcending one’s self-concept during an NDE can be therapeutically beneficial for helping one to deal with difficult and painful emotions.

Monroe (1992) noted that encounters with spiritual entities, deceased family members, and even manifestations of God are quite common during OBEs (and NDEs), all of which can have significant implications for the experiencer and can impact upon their belief system. Apart from containing meaningful visual content, OBEs have been associated with intense emotions reported among experiencers. Gabbard, Jones, and Twemlow (1982) noted that profound sensations of “joy, freedom . . . and peace” (p. 454) often arise during OBEs. Further, due to the impact that OBEs can have on one’s belief system and emotions, counsellors and psychotherapists might consider giving more attention to their clients’ OBEs, as these experiences offer significant opportunities for personal growth and expanding spiritual awareness.

In the recent two decades, transpersonal therapists have turned their attention to exploring client experiences of dreams, connection to intuition, and the spiritual dimension of the self. However, the current literature suggests that few practitioners have considered the value of exploring the nature of OBEs

with clients in the counselling session. Exploring OBEs during the therapeutic process could help shed light on how a client’s prior OBEs have impacted on their point of view about life, their key relationships, and even their awareness of existential questions about life and death.

OBEs and Psychopathology

The current literature examining OBEs has considered factors that may cause or contribute to OBEs, with little research exploring the therapeutic benefit of exploring OBEs and their content. Few researchers have pondered the question: How can we come to understand OBEs in order to gain a glimpse into the rich and complex world of clients? Parra (2009) and Twemlow (1989) suggested that a lack of research into clinical approaches for working with clients who have had OBEs has left a number of psychologists and psychotherapists uncertain about how to approach the topic. Parra suggested that clients often feel uncomfortable speaking to their therapist about their OBEs for fear of ridicule or judgement. This is consistent with Twemlow’s claims, which stated that a number of practitioners, especially psychiatrists, tend to misattribute OBEs as a form of psychopathology. Twemlow noted that OBEs are normal experiences reported across a broad population and that it is a misconception to term these experiences as abnormal or pathological.

Research has found that OBEs are common across the general population and are not indicative of psychopathology (Blackmore, 1986; Ellison, 1988). However, in some cases an overlap between OBEs and hallucinations associated with certain mental health disorders or neurological factors can be noted. Blackmore reported that those who have been diagnosed with schizophrenia experience hallucinations and body distortions that overlap with phenomena reported in OBE accounts, such as a sense of body displacement. Further, Blanke, Landis, Seeck, and Spinelli (2003) found that some OBEs may have a neurological basis: “Both disintegrations (personal; personal-extraperсонаl) are necessary for the occurrence of OBE and AS [autoscopy], and that they are due to a paroxysmal cerebral dysfunction of the TPJ [temporo-parietal junction] in a state of partially and briefly impaired consciousness” (p. 223). Therefore, it is suggested that a link exists between neurological factors, mental health disorders, and OBEs in some cases (see also De Foe, Van Doorn, & Symmons, 2012).

Even though some overlap between OBE phenomena and other related phenomena (such as hallucinations associated with mental health factors) can be noted, research questions related to OBEs should not only be grounded in examining abnormal factors. Transpersonal therapists have long recognized OBEs as experiences of spiritual transcendence and have noted them to bear much personal, emotional, and spiritual value for the experient (Twemlow, 1989). It might be beneficial for therapists, whether working within mainstream clinical approaches or not, to educate themselves about the nature of OBEs and the potential benefits of exploring their clients OBE accounts in greater depth. Although it is the duty of care of any mental health practitioner to rule out potential factors that may have contributed to a client's OBEs (such as mental health issues), it is also important for practitioners to approach OBEs from an open person-centered perspective of non-judgement, rather than anticipating that all OBE accounts are somehow indicative of abnormal functioning.

Transpersonal Perspectives

Over the course of the previous two decades psychotherapy practice has become increasingly influenced by ideas and concepts found in Eastern philosophy. Teachings from traditional Buddhism and meditation practice, for example, have become increasingly adopted by psychotherapists practicing within mainstream approaches such as cognitive behavioral therapy (CBT; Rubin, 1996). Rubin stated that “the physical and conceptual walls dividing East and West are crumbling. Opportunities for intercultural dialogue are enormous” (p. 6). Yet, despite the acceptance and integration of techniques such as meditation and mindfulness into mainstream therapies, other approaches, such as discussion about transcendence experiences, working with the intuition, and connecting with spirit guides, are still considered by many psychotherapists to be outside the sphere of mainstream therapy practice.

Ongoing research continues to highlight the benefits of incorporating approaches such as the ancient practices of shamanic healing into modern counselling practice. In Melbourne, Australia, for example, training organizations such as the Phoenix Institute facilitate an associate degree in holistic counselling, as well as an advanced diploma in transpersonal counselling—both of which integrate a broad range of transpersonal healing techniques that are grounded in Eastern healing traditions. However, the divide between Eastern

and Western therapeutic practice still appears to be crumbling quite slowly, and a number of clients may be too conservative to consider the potential benefits of approaches such as meditation or spiritual work. Yet, some changes are occurring and this can be noted within the mainstream practice of counselling. Harris (2009) pointed out that mindfulness and meditation techniques have greatly enriched clinical practice in the West and that clients often embrace these approaches as helpful additions to mainstream therapies such as CBT. Ongoing research into other mainstream counselling approaches, such as gestalt counselling, has also started to recognize the value of working with the spiritual dimension of the self within formal counselling sessions (Joyce & Sills, 2010).

The rise of transpersonal practice has seen more therapists acknowledge the role of dream experiences, spiritual awakenings, and encounters with spirit guides in the healing process. However, one area of inquiry that has not been explored at length in the literature is the potential value of discussing OBEs and the content of client accounts of these experiences in a therapeutic framework. Apart from research dialogue about OBEs, the idea of leaving the body and travelling to another dimension of experience has long fascinated humankind. This curiosity has given rise to a range of occult and New Age literature about OBEs (see Bruce, 2009). However, aside from scientific dialogue and popular discourse about OBEs, the literature focusing on the potential therapeutic benefits of working with clients who have had OBEs is limited. Literature on transpersonal practice has delved into related areas such as dreamwork. However, again, although a broad range of literature suggests effective counselling approaches for working with client accounts of dreams, the literature related to approaches for working with OBE content is far less prominent.

The reasons for a lack of research into the potential therapeutic benefits of considering OBE accounts may be twofold. First, as mentioned earlier, related approaches such as mindfulness and meditation have only recently appeared as focal points of discussion in mainstream literature on clinical practice (Kabat-Zinn, 2006; Miller, Fletcher, & Kabat-Zinn, 1995). Second, although prior literature has considered the potential value of discussing OBEs in a therapeutic context, clinicians are still left with the question of: How does one begin? After all, the approaches and methods for working with OBE accounts in the context of a counselling framework have not been

researched at depth, unlike therapeutic strategies for dream-work or mindfulness practice, for instance, which are underpinned by a much broader literature base.

How can therapists work with clients who have reported an OBE or NDE? In this paper, I have formulated two approaches that could be utilized by counsellors: person-centered dialogue and guided visualization. The first, person-centered dialogue, highlights the importance of creating an open therapeutic space in order for clients to feel comfortable and accepted when talking about the content of their prior OBEs. The second approach is therapist-directed and involves the practitioner utilizing one of a number of guided visualization techniques to assist clients in recalling prior OBEs. The approach of guided visualization can also be utilized in some cases to cultivate a similar consciousness state to that experienced during an OBE in order to induce (or replicate) some of the aspects of OBEs, such as body dissociation.

Person-Centered Dialogue

The discussion of OBE accounts within a therapeutic context may be especially relevant when utilized with clients who hold a strong religious or spiritual belief system, with those who are prone to fantasy and vivid imagination/daydreaming (see Parra, 2009), or with clients interested in connecting with the spiritual dimension of themselves. Clients in these groups could have had a prior transcendental experience or spiritual experience that might prompt an interest in exploring OBEs during a counselling session. A person-centered approach in line with the Rogerian counselling model is advised, where the client takes the lead during the therapeutic intervention and decides how much (or how little) he or she is comfortable about discussing his or her prior OBEs.

Groth-Marnat (1994) noted that those who discuss their NDEs often speak about experiences that reflect their own belief system or religious inclination. Those who hold Christian beliefs may report encountering angels or manifestations of God, while those from a Hindu background may instead report encounters with Hindu gods or gurus from Hindu texts. This indicates that NDEs can have significant religious or spiritual connotations for the experient. For instance, many who experience NDEs (and OBEs) find that their belief in the afterlife is challenged (or in some cases confirmed) as a result of their experience (see Monroe, 1992). Greyson (1997) suggested that NDEs can have profound impact on beliefs and behaviors, which are

well worth exploring in the therapeutic context. Here I suggest that clinicians adopt a similar attitude to therapeutic interventions focused around OBEs. Both NDEs and OBEs can be transformative experiences that often impact on a person's inner world in an intimate and profound manner. Thus, it is beneficial to encourage clients to discuss their experiences within the counselling environment.

Most transpersonal therapists might be quite comfortable about asking their clients to discuss the content of their dreams, but how should therapists raise the topic of OBEs with their clients? The following example prompt could be utilized when asking a client whether he or she has ever had an OBE:

Therapist: I would like to ask you a question that might seem a little strange at first, but I think that your response may be relevant to what we have been discussing about your dream experiences. I wonder, in the past, have you ever experienced yourself separate from your physical body, as though for a moment your sense of consciousness departed from your body and travelled somewhere else? If yes, what was that experience like for you?

Such a question should not be asked unless a therapist feels it is appropriate during the session and relevant to a specific client. Therapists who specialize in working with dreams might find it particularly seamless to ease into a discussion of OBEs. Conversely, clients who have no interest in exploring consciousness states such as OBEs would benefit little from this question. Thus, therapists should assess this consideration first. Notably, client responses to such a question might involve recounting an experience of dissociation, rather than an OBE per se. Dissociation experiences can still be useful discussion points in the therapeutic environment, as it has been well documented in psychotherapy practice that dissociation from the body can be indicative of post-traumatic stress disorder (PTSD) or other symptomology (such as side-effects of certain SSRIs, or other medication, for instance). As a side-note, even though some clients might not be interested in discussing the content of their OBE, their experience might have impacted on other factors in their life, which could be relevant to the therapeutic process.

If a client responds to the above question by talking about an experience of travelling away from the physical body, with a distinct sense of consciousness separation, then he or she may indeed be describing

an OBE. Clients who go on to discuss the impact of the experience (as well as any symbolic imagery noted) may introduce content that could be particularly rich in therapeutic value and important for subsequent counselling sessions. Depending on one's orientation, therapists could also consider a client's experiences based on how the OBE impacted on the client's relationships, perception about life and death (from an existential therapy framework, for instance), or how the experience affected the client's connection with the spiritual dimension of life.

The sample question supplied above exemplifies just one approach, which might prompt clients to speak about their prior OBEs. Other approaches could include asking a client whether he or she has ever had a near-death encounter, and inquiring about whether their experience has been reminiscent of traditional NDEs (which, as mentioned earlier, often include vivid imagery and strong emotional responses). Alternatively, some clients might be interested in discussing the topic of OBEs on their own accord. In these cases, it is the role of the therapist to adopt a receptive and open attitude of non-judgement while listening to the OBE accounts that clients introduce.

Guided Visualization

Some therapists take a more active approach and utilize guided visualization techniques to help clients recall the details of their prior OBEs, while other practitioners attempt to assist their clients to induce an OBE as part of the therapeutic process. Twemlow (1989) noted that psychoeducation has an important role in the process of working with clients who have had OBEs. Often, those who have an OBE do not know what to make of the experience or how to contextualize it. Twemlow suggested that teaching clients about the current literature relevant to OBEs in order to normalize their experience is important. Though Twemlow stated that OBEs have been determined as normal phenomena that do not indicate psychopathology, these experiences can, and often do, impact significantly on the beliefs and emotional states of experiencers. Twemlow advised that many who have had an OBE find themselves drawn to explore the existential and spiritual dimensions of life further as a result.

Thus, Twemlow (1989) highlighted the importance of the therapist viewing the OBE as a (potentially) spiritually transformative experience. He further suggested that the therapist should take on the role of a teacher, encouraging clients to learn

more about the nature of OBEs and come to a greater understanding of what their OBE might mean in the grand scheme of their life. Twemlow proposed three techniques that therapists could utilize when working with clients who have had a significant or life-changing OBE. These include: 1) meditation, 2) biofeedback, and 3) self-suggestion relaxation techniques. Transpersonal therapists might utilize similar techniques based on their own therapeutic background. For instance, techniques such as dream-work, visualization, work with the archetypes, or work with intuition could be applied to further assist clients in reflecting upon their prior OBEs.

One approach involves helping clients to induce an OBE during a therapeutic intervention. This approach could be useful for clients who have not experienced an OBE in the past but wish to explore the possibilities that an OBE might offer in terms of personal or spiritual development. However, little research has been conducted into the area of therapeutically inducing OBEs. Thus, further research would be required in order to draw accurate conclusions about the efficacy of inducing OBEs for therapeutic purposes. Although research into this area has been limited, some researchers have introduced techniques for inducing an OBE-like state during a counselling session. Schenk (2006) developed a process where a therapist applies a suggestive induction technique in order to encourage the client to experience *waking dreams*; these waking dreams bear much resemblance to the degree of depth perception experienced in some OBEs and NDEs. Schenk argued that this process can be facilitated with the aid of visualization techniques and intuitive imagination techniques. The process is intended to produce a similar consciousness state to that of an OBE.

Gelkopf and Meyerson (2004) examined the therapeutic benefits of inducing an OBE during a formal hypnotherapy session. In Gelkopf and Meyerson's study, a practitioner considered three sessions with three separate clients, in which each client was asked to imagine their consciousness travelling to a different space and leaving the spatial proximity of their physical body (a hypnotic induction script was used in order to facilitate this process¹). Gelkopf and Meyerson reported efficacious results with the technique in all three cases examined. The first case involved a client who sought to disconnect from the prior emotional pain her family members had caused her. The second case involved a client who was suffering physical pain and immobility. The final case

discussed a client who was involved in a motor vehicle accident that shook her confidence in driving. Each client gained a degree of new insight and self-awareness by temporarily disconnecting from their physical body, which allowed each client to perceive their life situation from an objective frame of reference. In light of these findings, Gelkopf and Meyerson suggested that the process of inducing an OBE in a safe and comfortable environment, facilitated by a skilled practitioner such as a hypnotherapist, could be utilized as an effective therapeutic intervention.

It should be noted that the degree to which clients experience an authentic OBE, as compared with a guided, dissociative experience, is not clear in most studies that attempt to induce OBEs within the therapeutic environment. Some researchers suggest that it is not sufficient to merely imagine floating out of one's physical body in order to replicate an OBE; in fact, authentic OBEs have been deemed much more visceral and immersive than dissociative experiences elicited during guided visualization sessions (Monroe, 1992). This brings into question whether clients who are guided to imagine leaving the body do, in fact, experience an authentic OBE, or whether some clients report a vividly imagined separation from the body instead.

Blanke, Sanchez-Vives, Slater, and Spanlang (2010) attempted to replicate OBEs with the use of the *body-swap illusion* in order to produce the experience of consciousness transfer. For this purpose, Blanke et al. utilized an external video camera feed connected to goggles that participants were instructed to wear in order to attempt to replicate the sensation of consciousness transfer. The researchers noted that the series of experiments were able to produce an experience quite similar to a realistic OBE. However, these authors suggested that the body-swap illusion could only be considered a proxy for replicating some of the features of an OBE (such as a sense of leaving the body), rather than a means of inducing an actual or authentic OBE. Nonetheless, Blanke and colleagues suggested that the experience of leaving the body during the body-swap illusion is quite similar to that of an actual OBE—therefore their approach could be considered as a reliable proxy for an OBE. Further, some participants, such as those who are fantasy prone (Parra, 2009) reported that the prompt of the body-swap illusion or a hypnotherapy induction can be sufficient in order to trigger an OBE.

In light of these considerations, questions arise regarding the effectiveness of guided visualization as a proxy for OBEs. For example, a sensation of separating from the physical body could still be beneficial in the therapeutic process, even where clients might not be experiencing an actual authentic OBE. In this manner, therapists can draw upon the literature related to OBEs in order to utilize the concept of body separation as a foundation for therapeutic interventions where a visualisation component is involved. The concept of separating from the physical body may be appealing to clients who present with issues such as negative self-image (Murray & Fox, 2005), cognitive fusion (Harris, 2009), or past traumatic experiences (Gelkopf & Meyerson, 2004). Gelkopf and Meyerson's results indicated that incorporating the notion of separating from one's body into the therapeutic process could be beneficial in addressing a broad range of client issues.

Conclusion: How Should Therapists

Approach OBE Accounts?

In this paper, I have reviewed current literature in order to propose two potential approaches for working with clients who wish to discuss prior OBEs during counselling sessions: person-centered dialogue and guided visualization. A person-centered approach empowers clients to decide how much or how little they would prefer to discuss their experiences. This approach also affords therapists the chance to note meaningful and symbolic aspects of client OBEs. As mentioned earlier, the content of OBEs differs quite broadly across clients, much like the content of dreams. Therefore, therapists might find a person-centered approach most beneficial for eliciting specific details from clients, for example, in terms of how prior OBEs have impacted most significantly on their lives.

Therapists who specialize in the area of dreamwork may find it beneficial to build upon the person-centered approach by incorporating dreamwork techniques when exploring the content of OBEs. Monroe (1992) noted that OBEs often contain a similar type of symbolism and imagery of that reported in dreams. Thus, the actual content discussed during OBE accounts could be approached with the aid of dream interpretation methods, for example, such as those based on Gestalt dream-work strategies (see Pesant & Zadra, 2004). However, further research is required in order to assess the potential value of utilizing dream-work techniques with those who have had OBEs.

The second proposed approach suggested that guided visualization techniques can be applied to explore the nature of OBEs further. Guided visualization approaches are in particular beneficial for therapists seeking to formulate therapeutic interventions that involve a guided process of assisting a client to experience an OBE, or for the purposes of inducing a consciousness state similar to the OBE-state. Prior studies, which have applied guided visualization approaches, seem to infer that the therapist must have some level of expertise, either in terms of their understanding of OBEs, or skillset related to clinical hypnotherapy practice in order to utilize these techniques. Therefore, a person-centered approach could be more beneficial for therapists who prefer not to utilize more advanced guided visualization approaches when working with clients who have had OBEs. Further, unless a client has requested counselling focused on issues around their OBE in particular, more advanced interventions involving a guided visualization component might not be as useful or applicable.

In conclusion, I suggest that a more formalized framework should be devised for therapists who are interested in incorporating OBE-related techniques when working with their clients. No widely accepted and validated model has thus far been devised for approaching OBE accounts in a formal manner in counselling interventions. For the most part, this leaves, open-ended, the question: How should therapists respond to client accounts of out-of-body experience? Based on considerations made throughout this paper, I have argued that it is clear OBEs can offer extensive opportunities for spiritual and emotional dialogue in the counselling session. However, in light of the considerations made here, future research must investigate how we can best approach OBE accounts in a formal counselling context in terms of a standardized and recognized clinical framework.

Future research should also address how one might arrive at a clearer definition of OBE for therapeutic purposes. Can OBEs be replicated in a hypnotherapy session, and if so, should particular criteria exist for evaluating the authenticity of OBEs? Or, rather, perhaps criteria should be devised to examine the therapeutic impact, rather than the defining characteristics of OBEs that are induced within the therapeutic environment. Another research question that arises is: Can therapists treat certain emotional issues or mental health disorders with the aid of an induced OBE as part of a counselling intervention? Prior studies have produced promising results and additional research could

help highlight the broader benefits of working with clients who have had OBEs.

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Notes

1. Refer to the Appendix of Gelkopf and Meyerson's (2004) study for a full transcript of the hypnotherapy script that these authors utilized.

About the Author

Alexander De Foe is a PhD Candidate at Monash University in Melbourne, Australia. Alexander's doctoral research is based in the discipline of parapsychology, specializing in the study of out-of-body experiences (OBEs). Alexander has undertaken qualitative and quantitative research into OBEs, and he has facilitated experiments with participants in a formal lab setting. Aside from publishing in peer-reviewed academic journals such as the *Australian Journal of Parapsychology*, Alexander also disseminates his research in the popular media; he has recently appeared to discuss OBEs and altered states of consciousness on Melbourne's *Triple R Radio* and at a local postgraduate research conference. Alexander also completed a Master's degree in Counselling at Monash University and he has clinical experience as well as teaching experience in the field of psychology. Alongside his doctoral research, Alexander's present academic involvements include lecturing and tutoring in two disciplines at Monash University: psychological studies and transition and pathways education.

About the Journal

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